

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 10     | 8-8-01   |
| FORMALITY REVIEW          | 7/3      | 1127   | 09/05/01 |
| RESPONSE FORMALITY REVIEW | A.T      | 1071   | 03/27/02 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
| 4     | ✓     | ✓        |      |
| 5     | ✓     | ✓        |      |
| 6     | ✓     | ✓        |      |
| 7     | ✓     | ✓        |      |
| 8     | ✓     | ✓        |      |
| 9     | ✓     | ✓        |      |
| 10    | ✓     | ✓        |      |
| 11    | ✓     | ✓        |      |
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| 13    | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

523  
03/24/02